

**INDEPENDENT CLAIM**  
**FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

10/524415  
 APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		3		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
11		3		1		
12		3		1		
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14		3		1		
15		3		1		
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42		3		1		
43		3		1		
44		3		1		
45		3		1		
46		3		1		
47		3		1		
48		3		1		
49		3		1		
50		3		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1	1			
53		1		1		
54		1		1		
55		1		1		
56		1		1		
57		1		1		
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	54	←		←
TOTAL CLAIMS			57			